

Public Water Supply Annual Report

Name of Public Water Supply: _____

Public Water Supply (PWS) ID Number: _____ County: _____

Official Public Water Supply Information

Name of Legally Responsible Official: _____ Title: _____
(President, Mayor, Owner, Manager, etc.)

Email Address: _____

Legally Responsible Official: Home Phone: (____) _____ Work: (____) _____ Cell/Emergency: (____) _____

Water Supply Business Phone Number (8 a.m. - 5 p.m.): (____) _____ Fax: (____) _____

Business Email Address: _____

Legally Responsible
Official Mailing Address: _____
(Post Office Box/Street) (City) (State) (Zip Code)

Water Supply Physical Address: _____
(Street Address ONLY) (City) (State) (Zip Code)

Bacteriological Mail Back Address: _____
(Name) (Post Office Box/Street) (City) (State) (Zip Code)

Delivery Address (Cannot be a Post Office Box. Used for shipment of water sampling containers by commercial shipper.)

Delivery Address: _____
(Street/Rural Route) (City) (State) (Zip Code)

Water Superintendent/Waterworks Operator (To be completed by the person who directly supervises and is personally responsible for the daily operation and maintenance of this public water system. For community and non-transient non-community public water systems, this person must be certified by the Bureau of Public Water Supply, Mississippi State Department of Health.)

Name: _____
(MSDH Certificate No.) _____/____/____
(Expiration Date)

I hereby certify that I am the person who directly supervises and is personally responsible for the daily operation and maintenance of this public water system and I do hold a valid Certificate of Competency as required by Sections 21-27-201 through 21-27-211, Mississippi Code of 1972 Annotated. I further certify that my personal residence is within 50 miles of this public water supply.

Signature of Operator: _____ Date: ____/____/____

Public Water System Connection/Population Data

(Used to calculate the annual water quality analysis fee.)

Number of Metered Connections: _____ Number of Unmetered Connections: _____

Population Served: _____

I hereby certify that the above named individual is officially employed by this public water system as the certified waterworks operator as required by Mississippi state law (Sections 21-27-201 through 21-27-211, Mississippi Code of 1972 Annotated). I further certify that all other information provided on this form is true and accurate and that I understand that false statements on this form will place this public water system in violation of the Federal and Mississippi Safe Drinking Water Acts and potentially subject water system officials to administrative penalties up to \$25,000 per day of violation.

Signature of Legally Responsible Official: _____ Date: ____/____/____

**** Mail to Bureau of Public Water Supply, Post Office Box 1700, Jackson, Mississippi 39215-1700****

**White Copy - Training & Certification
Yellow Copy - Water System**